

Personal Information

Aadhar No. (12 digits) *

554546484978

Paycode

554546484978

Card No.

11156516

Entry date

2025-04-10T00:00:00

Post Applied For *

20

Designation *

7

Department *

2

Sub Dept. *

12

Division *

10

Category *

11

Cadre *

9

Company *

2

Location *

SADF

Cost Center *

RL Band*

0

Name in Capital Letters*

sadf

Father's/Husband's Name*

sdf

Mother's Name

hvhj

Date of Birth

2024-12-05T00:00:00

Age*

65

Gender*

Female

Marital Status*

Married

Religion

JBJH

Nationality

KJ

Caste

NH

Blood Group

A

Weight

51

Region

HBHJ

Identity

HHBJ

Shift Type*

Fixed

Shift Option*

18

Appointment Mths:

2

Transfer From

22

Transfer To

25

Transfer Date

2024-12-05T00:00:00

Reporting Date

2024-12-05T00:00:00

Pan Card No:

HCFPM2249B

PF UAN No:

51

Worker No(LWF):

51

Bank A/c No:

651161651

Bank Name:

SDF

Bank IFSC Code:

SDF65

Branch:

DSF

Contact & Family

Address and Family Members

Present Address*

Permanent Address*

State district Pincode

Email Phone Number Whatsapp No. Sub Division

S.No.	Name	Year of Birth	Relation
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Qualification & Experience

Qualification

Technical Qualification

Languages Known

Total Experience

S.No.	Name of employer	Post held	From	To	Reason for Leaving
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Additional Information

Additional Information

Do you have any relative working in the company/unit?

If yes, give name:

Relationship:

Date:

Interview Date:*

Interviewed By:

Approved By:

Date of Joining:*

Salary:

Confirm Date:

Status:

Proof Name:

Individual Bio-Data:

Photo:

Application for Employment:

Nomination Form:

Proof of Age:

Contract of Employment:

Certificates/Testimonials:

Joining Report:

Salary & Payroll

Salary & Payroll Details

Transport Facility(Y/N):

Route No:

Actual CTC:

Basic Salary:

HRA:

CONV:

Medical Allowance:

Other Allowance:

Attendance Incentive:

Gross Salary:

PF Empe:

ESI Empe:

LWF Empe:

Total Deduction:

PF Empr:

ESI Empr:

LWF Empr:

Bonus:

CTC Exgratia:

Sub Total:

Empr PF:

Empr ESI:

Fixed CTC:

Night Rate:

OT Rate:

Remarks:

Employee Type:*

Wages Calculation:*

Payment Type:*

Overtime:*

Fooding:*

Statutory Details

STATUTORY

FORM 1 - ESI *

ESI Insurance No.

ESI Employer Code

Dispensary

Local Office

ESI Nominee for Payment

Particulars of Family

Family member residing with insured person

pf AccountNo

pfNominee

pfSharePercent

childrenPension

widowPension

FORM F - Gratuity

Nominee's for Gratuity*	SHARE %age of nominee*
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